

COST REIMBURSABLE REPORTING FORM FOR PROPRIETARY RESEARCH

Form # _____

INSTRUCTIONS: This form is for reporting of proprietary research conducted at the National Synchrotron Light Source. Users will be charged for the number of shifts during which a beamline is dedicated to and occupied by them. This includes all operations shifts during which use by others is precluded, determined by the minimum time necessary to mount, execute, and remove an experiment on that beamline. **RETURN COMPLETED FORMS TO:** User Administration Office, NSLS Bldg. 725B, P.O. Box 5000, Brookhaven National Laboratory, Upton, NY 11973-5000. FAX: 516-344-7206.

SECTION 1: TO BE COMPLETED BY USER

Proprietary Proposal Number: # _____ BNL User Account to be charged: 8 5 ____

Form Submitted by: _____ Work conducted by: _____
(Signature) (Affiliation)

During the period: _____ On beamline(s): _____

Experimental Run(s)	Start Date	Start Time (indicate am or pm)	Completion Date	Completion Time (indicate am or pm)
1				
2				
3				

' Continued on back of this form.

The experimental runs listed above complete(s) this experiment/experimental program (YES ' / NO ')
If yes, or if the proposal has reached its expiration date (each August), please attach a completed Proprietary Research Progress Reporting Form.

SECTION 2: TO BE COMPLETED BY NSLS USER ADMINISTRATION

Number of full or partial 8-hour shifts used: _____ shifts

*The smallest chargeable unit is an 8-hour shift.**Shift A = midnight to 8 am; Shift B=8 am to 4 pm; Shift C = 4 pm to midnight.*

Reviewed by User Administration: _____ Date: _____

Date Transmitted: _____ JV#: _____ Dept. Code: LS

Continued from front of page: PROPOSAL NUMBER#

Experimental Run(s)	Start Date	Start Time (indicate am or pm)	Completion Date	Completion Time (indicate am or pm)
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				